

State of Alabama Unified Judicial System Form C-10 Page 1 of 2	AFFIDAVIT of SUBSTANTIAL HARDSHIP and ORDER	Case Number 1:07-cv-07-MHT
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IN THE RECEIVED COURT OF ALABAMA
(Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: Angela Denise Nails v. Dothan Security Incorporated
Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: U.S. DISTRICT COURT CHARGE(s) (if applicable):

- ☒ **CIVIL CASE--I**, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- ☐ **CIVIL CASE--(such as paternity, support, termination of parental rights, dependency) - I** am financially unable to hire an attorney and I request that the Court appoint one for me.
- ☐ **CRIMINAL CASE--I** am financially unable to hire an attorney and request that the Court appoint one for me.
- ☐ **DELINQUENCY/NEED OF SUPERVISION - I** am financially unable to hire an attorney and request that the Court appoint one for my child/me.

SECTION I. AFFIDAVIT

1. IDENTIFICATION

Full Name Angela Denise Nails Date of Birth _____
Spouse's Full Name (if married) _____
Complete Home Address 342 South Saint Andrews Street Apt 808
Dothan, Alabama 36301
Number of People Living in Household _____
Home Telephone No. 334 702 9645
Occupation/Job Disability Length of Employment Three Years Two months
Driver's License Number _____ * Social Security Number 212 78 2867
Employer Not Working Employer's Telephone No. Not a telephone
Employer's Address Not Working the address for employer is NA

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply.)

☐ AFDC ☐ Food Stamps ☐ SSI ☒ Medicaid ☐ Other _____

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income _____
Spouse's Monthly Gross Income (unless a marital offense) _____
Other Earnings: Commissions, Bonuses, Interest Income, etc. _____
Contributions from Other People Living in Household _____
Unemployment/Workmen's Compensation, _____
Social Security, Retirement, etc. _____
Other Income (be specific) _____

\$854.00
NO spouse
NO other earnings
NO other help
Disability
NO other income

TOTAL MONTHLY GROSS INCOME

\$854.00

Monthly Expenses:

A. Living Expenses
Rent/Mortgage _____
Total Utilities: Gas, Electricity, Water, etc. _____
Food _____
Clothing _____
Health Care/Medical _____
Insurance _____
Car Payment(s)/Transportation Expenses _____
Loan Payment(s) _____

\$229.00
\$266.29
\$30.00
\$10.00
\$262.00

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Monthly Expenses: (cont'd from page 1) GAS \$200.00 Telephone \$7.25

Credit Card Payment(s) 0

Educational/Employment Expenses 0

Other Expenses (be specific) \$238.00

A \$1,035.49

Sub-Total

B. Child Support Payment(s)/Alimony 0

B 0

Sub-Total

C. Exceptional Expenses 0

TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only) \$1,035.49

Total Gross Monthly Income less total monthly expenses:

DISPOSABLE MONTHLY INCOME \$ -181.49

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit) 0

Equity in Real Estate (value of property less what you owe) 0

Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishings, jewelry, tools, guns less what you owe) 0

Other (be specific) Do you own anything else of value? ☒ Yes ☐ No \$150.00 TV, Furnishing

If so, describe TV, Furnishing

TOTAL LIQUID ASSETS \$150.00

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the Court or its authorized representative to attain records or information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the Court appoints an attorney to represent me, the Court may require me to pay all or part of the fees and expenses of my court-appointed counsel.

Sworn to and subscribed before me this 29 day of Dec, 2006

Denise Della
Judge/Clerk/Notary **MY COMMISSION EXPIRES FEBRUARY 11, 2009**

Angela Denise Nails
Affiant's Signature
Angela Denise Nails
Print or Type Name

SECTION II. ORDER OF COURT

IT IS THEREFORE, ORDERED AND ADJUDGED BY THIS COURT AS FOLLOWS:

☐ Affiant is not indigent and request is DENIED.

☐ Affiant is partially indigent and able to contribute monetarily toward his defense; therefore, defendant is ordered to pay \$ _____ toward the anticipated cost of appointed counsel. Said amount is to be paid to the Clerk of Court or as otherwise ordered and disbursed as follows: _____

☐ Affiant is indigent and request is GRANTED.

☐ The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that _____ is hereby appointed as counsel to represent affiant.

IT IS FURTHER ORDERED AND ADJUDGED that the Court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the Court and paid to the appointed counsel, and costs of court.

Done this _____ day of _____, 19 ____.

Judge